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FOR COR	INT OF CHANGE OF REGISTERED OF PORATIONS					
Physician to the provisions of sections 607,0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA						
	nunge is submitted for a corporation organize der to change ils registered office or registere					
1. The name of	of the corporation: T.A. Taylor Enterprises, P.A.	ı				
2. The princip	al office address: 4202 Del Prado Blvd. S., Cap	e Coral, FL 33094				
3. The mailing						
4. Date of inco	address (if different):	Document number: P06000002473				
5. The name a	nd street address of the current registered age artment of State: (If resigned, enter resigned)	nt and registered office on file with the	Ü	21		
	Terese A. Taylor, M.D.)22		
	4000 - 10 1 -4 1 0			2022 AUG -	(\$1.90) (\$2.90)	
	Cape Coral, Fl. 33904		S	ထ်	3	
6. The name a (if changed)	nd street address of the new registered agent (if changed) and /or registered office	OF STA	PM 5: 03		
	HI. Statutory Agent, Inc.		, <u>E</u>	ည		
	5811 Pelican Bay Blvd., Suite 650					
		OT ecempable				
	Naples, FL 34108					
as changed wi.						
Such change was authorized by	as authorized by resolution duly adopted by he hoard, or the corporation has been notifi-	its board of directors or by an officer ed in writing of the change.	SC			
Ih.	<u> </u>	erese A. Taylor, M.D., President				
I hereby accep I further agree of my duties, as document is be corporation ha H. Statutory Age	the appointment as registered agent and at the appointment as registered agent and at the comply with the provisions of all statutes and I am familiar with and accept the obligating filed merely to reflect a change in the respect of the change.		erformance Or, if this irm that the			
By: Upffing	John _	June 3, 2022 Date				
If signing on be	half of an entity:	1				
	rpol w Printed Name					
	* * * FILING FEE:	\$35.00 * * *				

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